

53rd ANNUAL MEETING | November 21-25, 2025 | Atlanta, Georgia

* Fields with asterisk are **required**

* **Name:** _____ **Credentials:** _____

* **First Name to appear on badge:** _____

Organizational Affiliation to appear on badge: _____

* **Address:** _____

* **City:** _____ **Prov/State:** _____ *** Country:** _____ **PC/Zip:** _____

Phone: _____ *** E-mail:** _____

Tell Us About You

* **Date of Birth:** ____/____/____

* **Gender Identity (Select all that apply):**

- | | |
|---|--|
| <input type="radio"/> Female/Woman | <input type="radio"/> Male/Man |
| <input type="radio"/> Genderqueer/Gender non-conforming | <input type="radio"/> Non-binary |
| <input type="radio"/> Prefer to self-describe | <input type="radio"/> Choose To Not Describe |
- _____

* **Race or Ethnicity (Which of the following best defines your race or ethnicity?**

Select all that apply):

- | | |
|---|--|
| <input type="radio"/> American Indian/Alaskan Native/Indigenous | <input type="radio"/> Asian |
| <input type="radio"/> Black/African American | <input type="radio"/> Hispanic/Latino/Of Spanish Origin |
| <input type="radio"/> Middle Eastern/North African | <input type="radio"/> Native Hawaiian/Other Pacific Islander |
| <input type="radio"/> Choose To Not Describe | <input type="radio"/> White |

There is also a definition of Underrepresented in medicine:

Underrepresented in medicine (URM) means those racial and ethnic populations that are underrepresented in the medical professional relative to their numbers in the general population (Black/African American, Hispanic/Latino/of Spanish Origin, American Indian/Alaska Native/Indigenous, Native Hawaiian/other Pacific Islander, and certain Asian ethnicities*)

*Vietnam, Cambodia, Indonesia, and Laos

* **I self-identify as URM:**

- ☐ Yes
☐ No
☐ Choose To Not Describe

***Professional Role:**

- | | |
|--|--|
| <input type="radio"/> Administrator | <input type="radio"/> Faculty |
| <input type="radio"/> Fellow | <input type="radio"/> Graduate Student |
| <input type="radio"/> Practicing Physician | <input type="radio"/> Researcher |
| <input type="radio"/> Resident | <input type="radio"/> Student |
| <input type="radio"/> Other | |
-

***Specialty:**

- | | |
|---------------------------------------|---|
| <input type="radio"/> Family Medicine | <input type="radio"/> Internal Medicine |
| <input type="radio"/> Nursing | <input type="radio"/> Pediatrics |
| <input type="radio"/> Public Health | <input type="radio"/> Other |
-

Are you a Departmental Research Director or Vice Chair? ☐ Yes ☐ No

This question is intended to help identify the person serving as the lead of research efforts within a department of family medicine to create a community for these individuals.

***Are you a first-time attendee?** ☐ Yes ☐ No

***I am requesting accessibility accommodations in order to fully and equally participate in the conference.** ☐ Yes ☐ No

Accommodations Needed:

Please let us know if you have any dietary restrictions, food allergies, or special meal requirements (e.g., vegetarian, vegan, gluten-free, halal, kosher, etc.). We will do our best to accommodate your needs.

***I acknowledge that by attending the Annual Meeting I may be photographed or recorded during conference proceedings and these media may be used for future NAPCRG promotional purposes.** ☐ Yes

Attendee name and contact information will be shared with other NAPCRG attendees at this event. Please check the box below if you'd like to opt out of having your information shared.

☐ Opt Out of Sharing

Volunteer Opportunities

Would you like to moderate a session during the meeting? ☐ Yes ☐ No

Would you like to lead a poster walk during the meeting? ☐ Yes ☐ No

2025 Registration Rates

***Please indicate your registration category below:**

Registration Category	Early Bird Rate July 14-November 14		Regular/On-Site Rate After November 15	
	Member	Non-Member	Member	Non-Member
<input type="radio"/> Physician	795 USD	1130 USD	915 USD	1250 USD
<input type="radio"/> Other Primary Care Researcher	770 USD	1105 USD	890 USD	1225 USD
<input type="radio"/> Fellow	485 USD	600 USD	585 USD	700 USD
<input type="radio"/> Resident	380 USD	450 USD	480 USD	550 USD
<input type="radio"/> Graduate Student w/ Terminal Degree	380 USD	425 USD	480 USD	525 USD
<input type="radio"/> Student	380 USD	405 USD	480 USD	505 USD
<input type="radio"/> Patient/Community Member	380 USD	405 USD	480 USD	505 USD

Please note: 2025-2026 NAPCRG membership is required to register for the Annual Meeting. A membership fee will be added to your registration fee, when non-member registration is selected. Visit <https://napcrg.org/member-center/membership/> for more information on membership levels and fees.

NAPCRG Conference Policies

By registering to attend NAPCRG's Annual Meeting, you are agreeing to and confirming that you have read our Conference Policies. [Click here to view our policies.](#)

Fifty percent of the conference registration fee will be refunded if a cancellation is necessary and written notification is received in the NAPCRG office **by October 20, 2025**. After the specified date, no refunds will be issued, except in cases of personal medical emergencies.

Payment Information

Email a completed form to napcrgoffice@napcrg.org. We will provide a secure link for payment and invoice if you would like to pay by check.

Interested in a pre-conference workshop? Please continue to the next page.